

ATTACHMENT A

FY2006 Ryan White Title I Regional Grant

APPLICANT PROFILE

RFA #0519-06

APPLICATION_____

ORIGINAL_____

OR

OR

ASSURANCE PACKAGE_____

COPY_____

Organization Name: _____

Name of Service Area: _____

TYPE OF ORGANIZATION

For-Profit Organization _____ Non-Profit Organization _____ Other _____
(Please specify)

Contact Person: _____

Organization Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

BUDGET

Total Funds Requested: \$ _____

Signature of Authorized Official: _____



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer**



**Certifications Regarding
Lobbying; Debarment, Suspension and Other Responsibility
Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code. and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. Debarment, Suspension, And Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;**
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;**
- (c.) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and**
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and**

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.**1. Drug-Free Workplace (Grantees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;**
- (b) Establishing an on-going drug-free awareness program to inform employees about—**
 - (1) The dangers of drug abuse in the workplace;**
 - (2) The applicant's policy of maintaining a drug-free workplace;**



- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and**
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;**
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);**
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—**
 - (1) Abide by the terms of the statement; and**
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Department of Health, Administration for HIV Policy and Programs, 64 New York Avenue, NE, Suite 5000, Washington, DC 20002. Notice shall include the identification number(s) of each effected grant;**
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—**
 - (1) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or**
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
 - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e),. and (f).**
- B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:**

Place of Performance (Street address, city, county, state, zip code)



Drug-Free Workplace (Grantees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and**
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:**

Department of Health, Administration for HIV Policy and Programs, 64 New York Avenue, NE, 5th Floor, Suite 5000 Washington, DC 20002

As the duly authorized representative of the applications,

I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date



FEDERAL ASSURANCES FORM

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA



9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier Resources Act (P.L 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature

Date

FY2006 Ryan White Title I Regional Grant

**Eligible Metropolitan Area (EMA) – Wide
Ryan White CARE Act, Title I
Year 16 Request for Applications**

STATEMENT OF APPLICATION RECEIPT

ORGANIZATION NAME: _____

SERVICE CATEGORY NAME: _____

(One Receipt per Service Category Application)**TOTAL FUNDING REQUEST:** \$ _____REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health*

Date: _____

Time: _____

Received by: _____
(Signature of DOH Staff)

AFFIX TO “ORIGINAL” APPLICATION

**Eligible Metropolitan Area (EMA) – Wide and District of Columbia
Ryan White CARE Act, Title I
Year 16 Request for Applications**

Date/Time Stamp:

STATEMENT OF APPLICATION RECEIPT

ORGANIZATION NAME: _____

SERVICE CATEGORY NAME: _____

TOTAL FUNDING REQUEST: \$ _____REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health*

Date: _____

Time: _____

Received by: _____
(Signature of DOH Staff)**RETURN TO APPLICANT**

ATTACHMENT C 2

Assurance Package Receipt

Date/Time Stamp:

FY2006 Ryan White Title I Regional Grant

**Eligible Metropolitan Area (EMA) – Wide and District of Columbia
Ryan White CARE Act, Title I
Year 16 Request for Applications**

STATEMENT OF ASSURANCE RECEIPT

ORGANIZATION NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Assurance Receipt

This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, Administration for HIV Policy and Programs, Ryan White Program.

Received by: _____
(Signature of DOH Staff)

AFFIX TO “ORIGINAL” ASSURANCE PACKAGE

ATTACHMENT C 2

ASSURANCE PACKAGE RECEIPT

Date/Time Stamp:

**Eligible Metropolitan Area (EMA) – Wide and District of Columbia
Ryan White CARE Act, Title I
Year 16 Request for Applications**

STATEMENT OF ASSURANCE RECEIPT

ORGANIZATION NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Assurance Receipt

This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, Administration for HIV Policy and Programs, Ryan White Program.

Received by: _____
(Signature of DOH Staff)

RETURN TO APPLICANT

ATTACHMENT D

FY2006 Ryan White Title I Regional Grant

Capacity to Provide Culturally Competent Services – DIRECTIONS

This table, along with the narrative project description, should describe an applicant's ability to directly provide culturally appropriate services to clients or to provide culturally appropriate services through referral and linkage.

1. Table 1 should be completed for each applicant.
 2. Include information on direct service staff only. Do not include information on administrative support staff or management staff. This information should be included on another table.
 3. In Column 1, list the characteristics of your direct service staff for a given service category. Use the "Other" row to indicate specific cultural characteristics such as sexual orientation, youth and adolescence, hemophilia, sign language interpretation, etc.
 4. In Column 2, list the number of direct staff and percent of direct staff with that characteristic.
 5. In Column 3, list the specific cultural skills those staff have i.e., languages they speak, targeted population they serve, etc.
 6. In Column 4, list the consultants or linkages you use to enhance the availability of culturally appropriate services.
-

ATTACHMENT D

FY2006 Ryan White Title I Regional Grant

SAMPLE

CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES

Applicant: Mental Health Community Based Organization, Inc.

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
Race / Ethnicity (Please list) African American Latino White	4 (100%)	Staff is skilled in providing culturally appropriate services to African American women, adolescents, and men.	Linkage with ABC Health, Inc. for Latino clients. Linkage with XYZ Clinic for gay/bisexual white males. Linkage with QRS County Health Dept., Division of Mental Health Services.
Gender (Please List) Male Female	1 (25%) 3 (75%)		

ATTACHMENT D

FY2006 Ryan White Title I Regional Grant

CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES

Applicant: _____

Service category: _____

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
Race / Ethnicity (Please list)			
Gender (Please List)			

ATTACHMENT E

FY2006 Ryan White Title I Regional Grant

LINKAGE WITH OTHER SERVICE PROVIDERS -DIRECTIONS

1. Applicants must complete the attached table to detail their ability to assure a continuum of care.
For all applicants that are awarded Title I funds, the information on the attached table will be verified and monitored.
 2. Applicants should pay particular attention to the specific linkage requirements noted for each service category in the service category Descriptions section. If a linkage is not required, please indicate “NA” (for not applicable) in the space provided.
 3. Applicants may use additional sheets to list linkages if necessary.
 4. Column 1 lists the various service categories funded under Title I.
 5. In Column 2, applicants should place a check mark in the space provided if they provide that service directly.
If you do not provide the service directly, leave the space blank.
 6. In Column 3, list all organizations with whom you have collaborative agreements and linkages for the given service categories.
-

ATTACHMENT E

FY2006 Ryan White Title I Regional Grant

LINKAGE WITH OTHER SERVICE PROVIDERS

Applicant:

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
1. PRIMARY MEDICAL CARE		
1a. MAI PRIAMRY MEDICAL CARE		
2. CASE MANAGEMENT		
3. ORAL HEALTH		
4. EMERGENCY DRUG ASSISTANE		
5. SUBSTANCE ABUSE COUNSELING		
6. MENTAL HEALTH THERAPY/COUNSELING		
7. FOOD VOUCHER		
8. ASSISTED TRANSPORTATION		
9. RENTAL ASSISTANCE		
10. UTILITY BILL ASSISTANCE/ TELEPHONE		

ATTACHMENT E

FY2006 Ryan White Title I Regional Grant

LINKAGE WITH OTHER SERVICE PROVIDERS

Applicant:

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
11. NUTRITIONAL COUNSELING		
13. FOOD BANK		
14. HOME DELIVERED FOOD		
15. DISCHARGE PLANNING		
18. PEER/PARA PROFESSIONAL COUNSELING		
19. TREATMENT ADHERENCE/COMPLIANCE		
20. CHILDCARE/BABYSITTING		
22. LEGAL SERVICES		
23. COMPLEMENTARY THERAPIES		
24. CRISIS INTERVENTION		
26. INTERPRETER SERVICES		

ATTACHMENT E

FY2006 Ryan White Title I Regional Grant

29. HOME HEALTH- PERSONAL CARE AIDES		
30. EARLY INTERVENTION SERVICES		
31. HOME HEALTH- PROFESSIONAL NURSING		
32. DAY TREATMENT		
33. RESPITE CARE		
34. HOME HOSPICE SERVICES		
35. BEREAVEMENT COUNSELING		
36. ADOPTION/FOSTER CARE/ PERMANENCY PLANNING		
37. CAPACITY BUILDING		
39. VOLUNTEER COORDINATION		
HEALTH EDUCATION/RISK REDUCTION		
PRIMARY MEDICAL – OUTREACH REFERRAL		

ATTACHMENT F*FY 2006 Ryan White Title I Regional Grant*

DOCUMENTATION OF COMPOSITION OF BOARD OF DIRECTORS AND MANAGEMENT

A minority organization is one:

- 1) Having a board or governing body composed of more than 50%:
(a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives
- 2) Having a management or supervisory staff composed of more than 50%:
(a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives

Examples of management and supervisory staff include, executive director, program director, fiscal director, case manager director, medical director, clinical director and any other staff performing management or supervisory functions.

NAME OF ORGANIZATION: _____

RYAN WHITE TITLE I YEAR 10		RACIAL / ETHNIC GROUP													
		AFRICAN AMERICAN		LATINO / LATINA		ASIAN / PACIFIC ISLANDER		AMERICAN INDIAN / ALASKAN NATIVE		WHITE		OTHER (please specify)		TOTAL MINORITIES	
Organization Personnel	Total Number of Personnel	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Board of Directors															
Management & Supervisory Staff															
Totals															

Certification: I certify that the information contained in this table is complete and true:

Name of Executive Director: _____

(Print)

Signature of Executive Director: _____ Date: _____

ATTACHMENT G

TABLE A: SCOPE OF WORK

FY 2006 Ryan White Title I Regional Grant

There should be a Table A: Scope of Work.

There should be a separate Table A submitted for each service category identified to be funded.

Number of Unduplicated Clients to be served: These blocks contain an unduplicated count of persons to be served in total. (Use this space to identify the targeted populations and targeted subpopulations you will serve in this service category. Describe the geographic area to be served, income requirements, and priorities by stage of disease, etc.)

Total # of Each Service Unit(s) to be provided: List each major service unit(s) to be provided.

Budgeted Cost: Provide the total cost for the service category. This figure should be the same as the total contained in the Budget for the service category.

Service to be Funded	Target Population & Number of Unduplicated Clients to be Served	Total # of Service Units to be provided	Budgeted Cost

ATTACHMENT H

Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

FY2006 Ryan White Title I Regional Grant

INFORMATION, REFERRAL AND OUTREACH

The grantee shall increase knowledge of and access to HIV/AIDS services by people living with HIV/AIDS living in the Washington D.C. EMA through a toll-free information and referral telephone line and through outreach efforts. Services shall be targeted to indigent, uninsured and underinsured residents with HIV/AIDS and their caregivers.

- Objective 1: The grantee shall fulfill incoming requests for information via a toll-free telephone line. Requests for information and referral are resolved in a timely manner by trained counselors. At a minimum, counselors document the nature of the request and the outcome of the contact.
- Objective 2: The grantee shall conduct in-person outreach contacts for the purpose of increasing awareness of and access to HIV/AIDS services. Special efforts are made to ensure that outreach efforts are successful in identifying and reaching underserved populations in the community. For each outreach contact or contact attempt outreach workers document, at a minimum, the targeted population, the location of the contact, and the outcome of the contact.

CONSUMER COMPLAINTS

The grantee shall receive and process complaints regarding HIV/AIDS services in the EMA. Service complaints are handled by staff and/or volunteers who are trained/experienced in dispute resolution and who possess a strong knowledge of service grievance processes. In all cases, PWAs and their caregivers are informed of their rights to service and of the grievance procedures that have been established for service in question.

- Objective 1: All complaints received are recorded in an electronic database. The database will be used by the grantee to monitor the status of individual complaints and to identify trends in service difficulties using cumulative data. At a minimum, documentation of complaints shall include:
- The nature of the complaint
 - The time and date the complaint was received
 - Actions taken to resolve the complaint
 - Staff or volunteers involved in resolving the complaint
 - Final resolution of the complaint
- Objective 2: The grantee shall document activities and progress toward resolution of the complaint at all points of the established grievance process.

ATTACHMENT H

Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

FY2006 Ryan White Title I Regional Grant

Objective 3: The grantee shall demonstrate community awareness of its role as entry point for resolution of HIV/AIDS service complaints.

CONFIDENTIALITY

Every effort shall be made to ensure that communication with PWAs and their caregivers are kept confidential.

Objective 1: All records that include information on client identity are maintained by the grantee in locked files or in password-protected computer systems.

Objective 2: All grantee staff and volunteers involved with the PWA Advocacy Program are trained in maintaining the confidentiality of client information.

Objective 3: All grantee staff and volunteers who are not directly involved with the PWA Advocacy Program will receive a written statement of the grantees policy on confidential client information.

ATTACHMENT H

Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

FY2006 Ryan White Title I Regional Grant

PEOPLE LIVING WITH AIDS (PWA) ADVOCACY PROGRAM QUALITY ASSURANCE EVALUATION TOOL

INFORMATION, REFERRAL AND OUTREACH		
OBJECTIVE	AUDIT MEASURE	OUTCOME (MET/NOT MET)
1A. Incoming requests for information are fulfilled via an advertised toll-free telephone line.	Dedicated toll-free telephone service, published hours of operation and adequate staffing are documented.	
1B. Requests for information and referral are resolved within 48 hours by trained counselors in 80 percent of contacts.	Documentation of time and date of initial call and time and date of final outcome.	
1C. Counselors document the nature of the request and the outcome of the contact in 80 percent of the requests received.	Documentation of the nature of the request and the outcome of the contact.	
2A. The grantee shall conduct in-person outreach contacts for the purpose of increasing awareness of and access to HIV/AIDS services.	Documentation of staff and volunteer outreach contacts is maintained, including numbers of contacts by target population and types of information provided.	
2B. Special efforts are made to ensure that outreach efforts are successful in identifying and reaching underserved populations in the community.	Planning documents, policies, procedures, and contact records exist that demonstrate identification of and service to underserved populations.	
2C. For 80 percent of outreach contacts or contact attempts, outreach workers document, at a minimum, the targeted population, the location of the contact, and the outcome of the contact.	Computer-based or written records exist and are complete.	

ATTACHMENT H

Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

FY2006 Ryan White Title I Regional Grant

CONFIDENTIALITY		
OBJECTIVE	AUDIT MEASURE	OUTCOME (MET/NOT MET)
1A. All records that include client identifying information of any type are maintained by the grantee in locked files or in password-protected computer systems.	Written policies and procedures published and distributed to staff and volunteers, including schedule for changing computer passwords.	
2A. All grantee staff and volunteers involved with the PWA Advocacy Program are trained in maintaining the confidentiality of client information.	Written policies and procedures exist that describe staff and volunteer confidentiality training. The date training was completed by each staff member and volunteer is noted.	
3A. All grantee staff and volunteers who are not directly involved with the PWA Advocacy Program will receive a written statement of the grantees' policy on confidential client information.	Written policies and procedures exist that describe staff and volunteer confidentiality training. The date the written information was received by each staff member and volunteer is noted.	

ATTACHMENT I

Budget and Budget Narratives

FY2006 Ryan White Title I Regional Grant

WASHINGTON, D. C. EMA BUDGET FORMS AND INSTRUCTIONS

Categorical Budgets

Instructions for Completing Budgets and Budget Narratives

INTRODUCTION:

A Line-Item Categorical budget form must be submitted for each service category included in an award for Ryan White Title I grant funds. The justification column must support all proposed costs in detail, including Metro Cares.

ADMINISTRATION AND PROGRAM SERVICE COSTS:

Use the Administration column to detail administrative costs, such as management and oversight activities and program support (i.e. time spent by program director or supervisory activities, quality assurance, routine reporting). Administration Costs may be shown as direct costs, indirect costs, or a combination of both direct and indirect costs. Indirect cost can only be budgeted if the sub-grantee has a Federally approved indirect rate, that must be submitted with the application. Use the Program Service column to detail the costs of the activities that directly meet the grants purpose (i.e. seeing clients, prescriptions, etc.).

Total Administration (#27) cannot be greater than 10% of the Total Budget (#29).

TOTALS:

Use the Total columns to sum the rows.

Use the Total row to sum the columns.

LINE ITEM DEFINITIONS:

The narrative budget justification must accompany the categorical budget and must include, at a minimum, the following:

PERSONNEL:

Provide the title of positions, a brief description of the duties and responsibilities, the percentage of time to be devoted to and paid for by this grant, and the amount budgeted for each position. If the position is filled, provide the name of the employee. If the position is vacant, indicate such and provide an estimated date when the position will be filled.

FRINGE BENEFITS:

Provide the aggregate amount of fringe benefit attributed to each position. Most agencies describe fringe benefits costs as a percentage of salaries and wages. List the components of fringe benefits in your agency, for example FICA, health, life insurance, retirements, etc.

TRAVEL:

ATTACHMENT I

Budget and Budget Narratives

FY2006 Ryan White Title I Regional Grant

All travel must directly benefit and be specific to the work supported by this grant. Explain travel that is anticipated during the budget/contract period. Be specific. Who is traveling, why, when and where are they traveling?

Please specify your mileage reimbursement rate if you budget travel expenses.

EQUIPMENT:

List only equipment that is being purchased with grant funds. Be specific in describing what equipment is being purchased, who will use the equipment and why it is necessary to purchase the equipment. A purchase versus lease analysis should be done for large dollar items. Cost sharing must be applied when equipment will be used for other than Ryan White Title I activities. (e.g., A computer and printer are purchased to comply with AAR reporting requirements. The employee responsible for this activity will devote 30% of his/her 40-hour week to the Title I activities; 70% of his/her 40-hour week will be devoted to activities unrelated to Title I activities. The computer and printer are used 100% of the 40-hour week. Title I funds should bear the fare share of 30% of the total cost of the equipment).

SUPPLIES:

This category includes the various supplies necessary to carry out the planned service. An amount and description must be provided for each cost item identified:

- Computer software
- Drug prescriptions
- Medical supplies
- Grocery bags of food
- Food vouchers
- Laboratory tests
- Transportation vouchers/reimbursements (for transportation of clients, NOT Ryan White personnel)
- Etc.

A cost for each item must be provided, and the items of cost should be distributed between direct program costs and direct administration costs, as appropriate.

OTHER:

This category includes such items as rent, printing of brochures, telephone, postage, and utilities, interpreter fees, insurance, equipment maintenance (items that are not supplies or equipment). An amount and description must be provided for each cost item identified in this category, including who will benefit and why it is necessary. A cost for each item must be provided, and the items of cost should be distributed between direct program costs and direct administration costs.

ATTACHMENT I

Budget and Budget Narratives

FY2006 Ryan White Title I Regional Grant

CONTRACTUAL:

This category will include the costs of services for clients, and for administration, secured from consultants or contractors for the purpose of the grant.

Contractual services may include private-provider dental visits or specialty physician visits. Please provide the name of the contracting agency (i.e. Medical Associates), list the hourly rate and the number of hours expected to complete the service.

INDIRECT/OVERHEAD

Refers to costs not included in the categories above and relates only to costs associated with the Administration of the grant. This line may only be used by applicant agencies with a Federally approved indirect cost rate in accordance with the applicable Cost Principles and in accordance with legislative limitations of administration. You will be required to provide documentation which verifies that rate and the federal agency approving the rate. The narrative should include a general description of costs contained in the indirect rate, and the methodology for this calculation (i.e. based on time as demonstrated through timesheets).

EXAMPLE BUDGET AND BUDGET NARRATIVE

A Sample Budget follows for a vendor awarded \$86,932 to provide Case Management service:

ATTACHMENT I

Budget and Budget Narratives

FY2006 Ryan White Title I Regional Grant

Column one: Services to be Funded

Identify each service category for which you are requesting funding.

Column two: Target Population and Number of Unduplicated Clients to be Served Identify the target population and specific number of clients to be served. Please use this space to identify the population you will serve in this service category. Please include any or targeted populations that are specific to your program. Describe, for example, the geographic area to be served any priorities by stage of disease, etc. If you are targeting a particular at-risk population or group in need, please also identify. (For example, Hispanic outreach; women and children; etc.)

Column three: Total # of Each Service Unit(s) to be Provided

Identify the number of service units. Please refer to the Implementation Plan (Attachment J). Please list each major service unit and the total number of units to be provided. Please refer to the list of current Ryan White Service Units, contained in the appendix in your Title I RFA. *Refer to the Implementation plan. Attachment J, for required service units.*

Column four: Budgeted Cost should identify the total budget for the service category. Provide the total cost for the service category. This figure should be the same as the total contained in the Budget (Attachment I) for the service category.

WASHINGTON, DC EMA

SAMPLE BUDGET

Service category No: 3

Service category Name: Case Management

CATEGORY	ADMINISTRATION	PROGRAM SERVICE	TOTAL	JUSTIFICATION
Personnel	1	2	3	
1. Case Manager - J. Doe	\$	\$ 15,000	\$ 15,000	35% FTE; Develops and Maintains AIDS Case Management Services; supervises case management staff and acts as a case manager; develops and implements quality assurance procedures; provides for linkages to appropriate area agencies. MSW AND license required.
2. Case Manager - D. Smith		\$ 28,297	\$ 28,297	100% FTE; Provides direct service in the form of case management to clients about to be and/or recently released from correctional facilities. BSW or MSW, Social Work License required (LSW, LGSW, LISW, LICSW).
Total Personnel	\$	\$ 43,297	\$ 43,297	
Fringe Benefits	4	5	6	20% of Total Salary and Wages includes life and health insurance, unemployment, Social Security Retirement and worker's compensation.
	\$	\$ 8,659	\$ 8,659	
Travel	7	8	9	66 mi/mo x 12 mo @ \$24/mi J. Doe & D. Smith to visit patients in their homes, transport patients. Attend meetings within the area.
	\$	\$ 190	\$ 190	
Equipment	10	11	12	
		\$ -	\$ -	
Supplies	13	14	15	General office supplies @ \$750 and purchase of minor equipment

				such as calculators @ \$200 and computer disketts @ \$50.
	\$ 250	\$ 750	\$ 1,000	
Contractual	<u>16</u>	<u>17</u>	<u>18</u>	1 d. Consultants (Infec. Disease Inc.) @ \$211/visit, 30 patients x 3 visits/year; Account to perform General Ledger journal entries and produce financial statements @ \$4,596.
		\$ 18,990	\$ 18,990	
Other	<u>19</u>	<u>20</u>	<u>21</u>	Rent-Pro-rate share for RW, based on staff time = \$7,000 Xerox & Postage = \$200
Subtotal Direct Costs	<u>22</u>	<u>23</u>	<u>24</u>	
	\$ 250	\$ 79,086	\$ 79,336	
Indirect/Overhead	<u>25</u>		<u>26</u>	Includes audit, executive director's & division manager's time based on % of time allocated to Ryan White Title I as demonstrated through timesheets.
	\$ 7,596		\$ 7,596	
TOTAL:	<u>27</u>	<u>28</u>	<u>29</u>	
	\$ 7,846	\$ 79,086	\$ 86,932	

ATTACHMENT K

Assurance Checklist

NAME OF ORGANIZATION: _____

Applicants are required to submit **one (1)** unbound original and **two (2)** copies of certifications, affidavits, and assurances in three (3) separate, sealed envelopes. The assurance checklist should be placed in the envelope of each packet. The outside of each envelope must be conspicuously marked as follows:

1. Assurances in response to Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and Local DC Funding Grant.
2. Whether content is “original” or “copy”.

Certifications to include:

- ___1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B)
- ___2. Signed Federal Assurances (Attachment C)

Evidence of Insurance to include:

Table of Contents: Pages must be consecutively numbered.

- ___1. Commercial General Liability
- ___2. Professional Liability
- ___3. Comprehensive Automobile Insurance
- ___4. Worker’s Compensation Insurance

Licenses to include:

- ___1. Home Health Medical/Home Hospice.
 - ___2. Certificate of Occupancy.
 - ___3. Medicaid Certification.
 - ___4. 501 (C)(3) Certification. For non-profit organizations
 - ___5. Articles of incorporation and corporate by-laws; partnership or joint venture agreement if applicable.
 - ___6. For-profit organizations must submit a copy of any current license, registration or certificate to transact business in the relevant jurisdiction, including a certificate of occupancy.
 - ___7. Audits and Financial Statements
 - ___8. Certificate of good standing from local tax authority.
 - ___9. Copy of operating policies and procedures and patient handbook or statement of client rights and responsibilities.
 - ___10. Client Eligibility Criteria: Protocol used to verify that clients are eligible for Ryan White CARE Act funded services, including a sliding fee scale, if applicable.
 - ___11. Provide the policies and/or protocols used to protect the confidentiality of clients.
 - ___12. Evidence of organizational Compliance with HIPAA regulations.
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ATTACHMENT K

Assurance Checklist

___13. Copy of internal client grievance procedures.

Print Name of Applicant Representative: _____

Title: _____

Telephone: _____ Fax: _____ Date: _____